

1636/1#  
**PATENT APPLICATION**

Attorney Docket No. 213839-00022

Date: June 11, 2003

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant(s): Gregory P. Winter *et al.*

Application No.: 09/726,650

Filed: November 28, 2000

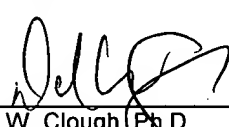
For: Method for Tapping the  
Immunological Repertoire

Group Art Unit: 1636

Examiner: James S. Ketter

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, Alexandria, VA 22313-1450, on this date.

6/11/03  
Date  
David W. Clough, Ph.D.  
Registration No. 36,107  
Attorney for Applicant(s)**TRANSMITTAL**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Sir:

Transmitted herewith are the following in regard to the above-identified application.

1. ( ) A paper requesting correction/substitution of drawings.
2. (X) Amendment and Response to Office Action of February 11, 2003.
3. (X) Petition for Extension of Time Within the first month, with fee of \$110.
4. **Fee for Claims**  
(X) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)-(d) has been calculated as shown below:

				SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid for		Present Extra	Rate	Additional Fee	
Total	20	Minus	20	-	x 9	-	x 18
Indep.	3	Minus	3	-	X 84		x 42
Fee for Multiple Dependent Claims					+140		+280
TOTAL ADDITIONAL FEES					-	OR	-

**RECEIVED**  
JUN 17 2003  
TECH CENTER 1600/2900

6. **Method of Payment of Fees**

(X) Enclosed is our firm check in the amounts of: \$ 110 for extension fees.

( ) Charge \$ \_\_\_\_\_ to Deposit Account No. 50-1214.

6. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.

Respectfully Submitted,

June 11, 2003

(Date)

By: 

David W. Clough, Ph.D.

Registration No. 36,107

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